

PART B - FEE(S) TRANSMITTAL

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03-16-05

Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

12/16/2004

Ivor R. Elrifi
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

03/17/2005 7:10:42 00000026 09884319

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:0001 30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/884,319	06/18/2001	James Graham	22058-568 DIVIACON	4845

TITLE OF INVENTION: ANTIBODIES TO NOVEL INTERLEUKIN-1 RECEPTOR INTRACELLULAR LIGAND PROTEINS AND INHIBITORS OF LIGAND BINDING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MERTZ, PREMA MARIA	1646	435-007210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

David E. Johnson, Ph.D.

MINTZ LEVIN

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Boston, MA 02111

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GENETICS INSTITUTE LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

87 CambridgePark Drive

Cambridge, MA 02140

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date March 14, 2005Typed or printed name David E. Johnson, Ph.D., J.D.Registration No. 41,874

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Deposit: March 14, 2005

Attorney Docket No 22058-568 DIV1A-CON (GI5258-C1)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Graham et al.
SERIAL NUMBER: 09/884,319 EXAMINER: Prema Maria Mertz
FILING DATE: June 18, 2001 ART UNIT: 1646
FOR: NOVEL INTERLEUKIN-1 RECEPTOR INTRACELLULAR LIGAND
PROTEINS AND INHIBITORS OF LIGAND BINDING

MAIL STOP Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

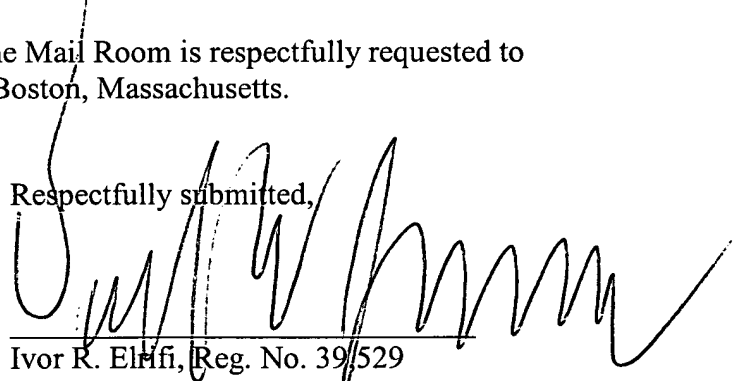
Transmitted herewith for filing in the present application are the following documents:

1. Copy of Issue Fee Transmittal/Form PTOL-85 (1 page)
2. Check for \$1,700.00 (#20222) to cover Issue Fee;
3. Check for \$30.00 (#20223) to cover 10 advanced soft copies of patent; and,
4. Return Postcard.

The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 22058-568 DIV1A-CON. A duplicate copy of this Transmittal Letter is enclosed.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,


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Dated: March 14, 2005